OFFICE USE ONLY: Site Plan Number Project Name Parcel Number (s)	Fee Paid Received By Date Received
Parcel Number (s)	

## WILLIAMSTOWN TOWNSHIP APPLICATION FOR MODIFICATION OF SITE PLAN

NOTICE TO APPLICANT: Application for review of a proposed Modification of Site Plan by the Planning Commission and the Township Board <u>must</u> be submitted <u>no later than noon</u>, 21 business days prior to the Planning Commission meeting at which the application will be considered. This application must be accompanied by the data requirements specified in the Zoning Ordinance (and elsewhere on this form). Regular meetings of the Planning Commission are held on the <u>third</u> Wednesday of each odd numbered month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the <u>second</u> Wednesday of each month, at 6:00 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston MI 48895. Phone number: (517) 655-3193. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

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TO BE COMPLETED BY APPLICANT:
I (We), the undersigned, do hereby respectfully request consideration of a modification of a site plan for the parcel(s) described below, and provide the following information to assist the review.
NAME OF APPLICANT(S)
MAILING ADDRESS
TELEPHONE
INTEREST IN PROPERTY (if not owner)
PROPERTY OWNERS (IF DIFFERENT THAN APPLICANT):
NAME(S)
MAILING ADDRESS
TELEPHONE
LOCATION OF PROPERTY:
STREET ADDRESS PROPERTY ID NO.
NOTE: If property is part of a recorded plat, provide lot numbers and subdivision names. If not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets if necessary
INITIAL APPROVAL DATE:
REASON FOR MODIFICATION:

## PLEASE ATTACH THE FOLLOWING:

- 1. 5 folded copies of required site plans, sealed by registered architect, engineer, landscape architect or community planner showing the requested modifications along with an electronic version in pdf format.
- 2. Review comments and/or approval received from county, state or federal agencies as required.

<u>PLEASE NOTE:</u> The applicant, or a designated representative, <u>must</u> be present at all scheduled review meetings and public hearings, or the proposal will be tabled due to a lack of representation.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL PROVIDE SUFFICIENT GROUNDS TO DENY APPROVAL OF THE ZONING AMENDMENT APPLICATION, OR TO REVOKE ANY PERMITS GRANTED SUBSEQUENT TO THE REZONING.

## **APPLICANT'S ENDORSEMENT:**

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and the Township Board will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

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IF JOINTLY OWNED, SIGNATURES OF <u>ALL</u> OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED.		

Updated: 8.5.15